

**Amendment Transmittal & Petition for Extension
of Time under 37 CFR 1.136(a)**

Docket Number

WSP219US

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Title of Invention

FLAT SEALING RING

First Named Inventor **Rainer WEISBRODT**Application No. **10/696,840**Filing Date **October 30, 2003**Examiner **Alison K. Pickard**Art Unit **3676**

Transmitted herewith is an amendment in the above-identified application.

This is also a petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as shown below (check time period desired).

Fee Calculation**Extension of Time Fee**

- ☒ One month (37 CFR 1.17(a)(1)) ☐ Two months (37 CFR 1.17(a)(2)) ☐ Three months (37 CFR 1.17(a)(3))
☐ Four months (37 CFR 1.17(a)(4)) ☐ Five months (37 CFR 1.17(a)(5))

Claims as Amended

| For | #Filed | #Previously Paid For | #Extra | Rate | Fee |
|--|--------|----------------------|--------|---------|-------------|
| Total Claims | 13 | - 20 = | | x 26 = | |
| Total Indep. Claims | 6 | - 8 = | | x 110 = | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Extension Fee (from above) | | | | | \$65 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| TOTAL | | | | | \$65 |

Method of Payment

- ☐ Deposit Account ☐ Credit Card ☐ Check ☐ Money Order ☒ Other: On-Line Credit Card Payment

Deposit Account Number **50-0822****For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

- ☐ Charge the fee(s) set forth above
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
☐ Charge fee(s) indicated above, **except for the filing fee**
☒ Credit any overpayments
☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

Amount Grand Total **\$65**

Amendment Transmittal & Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

WSP219US

Correspondence Address

Customer Number 24041

-OR-

Name

Address

City

State

Country

Postal Code

Phone Number

E-mail Address

Certificate of Mailing by Express Mail

I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

("Express Mail" Mailing Label Number)

Certificate of Mailing by First Class Mail

I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

Certificate of Transmission

I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

(Date of Transmission)

(Name of Person Transmitting Correspondence)

(Signature of Person Transmitting Correspondence)

Signature Instructions

Select the name of the person who will electronically sign the Amendment and Petition for Extension of Time from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Maliszewski, Chester Paul

Name

Chester Paul Maliszewski

Registration Number

51,990

Signatory Capacity

Agent for Applicant(s)

E-mail Address

eSign

/Chester Paul Maliszewski/

Date Signed

04/24/2009